

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF ARKANSAS  
FAYETTEVILLE DIVISION

PHILLIP ALEXANDER STEED

PLAINTIFF

v.

Case No.: 07-5058

CORPORAL TOMLAN;  
JAIL NURSE, identified as having long  
black hair; BENTON COUNTY JAIL

DEFENDANTS

**ORDER**

Plaintiff's complaint was filed in this case on April 3, 2007. Before the undersigned is the issue of whether the complaint should be served. In order to assist the court in making such determination, it is necessary that plaintiff provide additional information.

Accordingly, it is ordered that plaintiff, Phillip Alexander Steed, complete and sign the attached addendum to his complaint, and return the same to the court **by June 11, 2007. Plaintiff is advised that should he fail to return the completed and executed addendum by June 11, 2007, his complaint may be dismissed without prejudice for failure to prosecute and/or for failure to obey an order of the court.**

IT IS SO ORDERED this 10th day of May, 2007.

/s/ J. Marschewski

HON. JAMES R. MARSCHEWSKI  
UNITED STATES MAGISTRATE JUDGE

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF ARKANSAS  
FAYETTEVILLE DIVISION

PHILLIP ALEXANDER STEED

PLAINTIFF

v.

Case No.: 5:07-5058

CORPORAL TOMLAN;  
JAIL NURSE, identified as having long  
black hair; BENTON COUNTY JAIL

DEFENDANTS

**ADDENDUM TO COMPLAINT**

TO: PHILLIP ALEXANDER STEED

This form is sent to you so that you may assist the court in making a determination as to the issue of whether the complaint should be served upon the defendants. Accordingly, it is required that you fill out this form and send it back to the court by **June 11, 2007**. Failure to do so will result in the dismissal of your complaint.

The response must be legibly handwritten or typewritten, and all questions must be answered completely in the proper space provided on this form. If you need additional space, you may attach additional sheets of paper to this addendum.

**RESPONSE**

In your complaint, you allege a request for protective custody was denied when you were booked into the Benton County Jail. You allege you made this request due to a sexual assault which occurred when you were previously housed at the Benton County Jail.

You have also filed a Motion to Appoint Counsel where you have asked the court to appoint counsel to represent you.

1. Provide the dates of your incarceration at the Benton County Jail. (In answering, be specific).

Answer:

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2. Were you incarcerated at the Benton County Jail solely because of pending criminal charges?

Answer: Yes \_\_\_\_\_ No \_\_\_\_\_.

If you answered yes, please state what charges were pending against you.

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If you answered no, please state whether you were serving a sentence or if your probation, parole, or supervised release has been revoked.

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How did you make bond?

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You have indicated you are now at "Mid South Health Systems" is this a voluntary commitment or are you there by court order?

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3. You have named the Jail Nurse as a Defendant in this case. Please specify what actions or omissions by the jail nurse are part of your lawsuit. Please be specific as to the date of each incident.

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4. You have stated that Corporal Tomlan denied your request to be put in protective custody. Have you suffered any injury due to the denial of that request?

YES \_\_\_\_\_ NO \_\_\_\_\_

(a) If you answered yes, please state: (a) what injury you suffered; (b) the symptoms you

experienced; (c) the severity of the symptoms; and (d) how long it took you to recover from this injury.

Answer:

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(b) Have you sought medical treatment for these injuries?

YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered “yes,” please state from which physicians you sought treatment, their diagnosis, any recommended treatment by the physician, and the date you were treated by that physician.

Answer:

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5. You have named the Benton County Jail as a Defendant. Is there any particular policy or procedure in the Benton County Jail which you are alleging caused your injuries?

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please describe the policy or procedure which contributed to your injury.

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6. You allege you were previously sexually assaulted when in the Benton County Jail. Please state the date this assault occurred.

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(a) Did you file a grievance concerning this assault at the time of the incident?

YES \_\_\_\_\_ NO \_\_\_\_\_

If "yes," please state to whom you made a grievance.

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If "no," did you tell anyone about the incident?

YES \_\_\_\_\_ NO \_\_\_\_\_

If "yes" please describe who you told about the assault and in what manner you informed them of the incident. Please include dates.

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7. You have also made a motion for the court to appoint counsel in your case. Please state your education level.

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8. Were you in regular or remedial classes?

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9. If you did not graduate from high school, do you have a GED?

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_

10. Can you read and write?

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_

If “no,” please explain.

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11. Are you taking any medications that affect your mental abilities?

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_

If “yes,” please provide the name of the medication, the reason it was prescribed, and the named of the doctor who prescribed it.

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12. Have you prepared the documents that have been filed on your behalf in this case?

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_

If “no,” please state the name and relationship to you of the person who prepared those documents.

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I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS COVERED BY THE



VERIFICATION MADE BY ME ON MY INITIAL COMPLAINT.

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PHILLIP ALEXANDER STEED

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DATE